

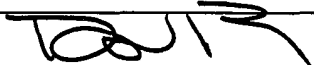
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OFFICE  
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PATENT

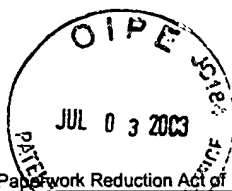
This Form Based on PTO/SB/21

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/020,944 ✓
	Filing Date	Dec. 19, 2001
	First Named Inventor	OHMURA et al.
	Group Art Unit	2834 ✓
	Examiner Name	NGUYEN, TRAN N.
	Attorney Docket Number	02-068

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):    
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	7.3.03

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. _____ on _____.			
Type or printed name			
Signature		Date	



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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	10/020,944
		Filing Date	Dec. 19, 2001
		First Named Inventor	OHMURA et al.
		Examiner Name	NGUYEN, TRAN N.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit	2834
TOTAL AMOUNT OF PAYMENT	(\$) <b>126</b>	Attorney Docket No.	02-068

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: <b>50-1147</b>  Deposit Account Name: <b>POSZ &amp; BETHARDS, PLC</b>  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<b>3. ADDITIONAL FEES</b>				
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other						
<b>FEE CALCULATION</b>						
<b>1. BASIC FILING FEE</b>						
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid	
1001	750	2001	375	Utility filing fee		
1002	330	2002	165	Design filing fee		
1003	520	2003	260	Plant filing fee		
1004	750	2004	375	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1)				(\$) <b>0</b>		
<b>2. EXTRA CLAIM FEES</b>						
Total Claims <b>27</b> -20**= <b>7</b> x <b>18</b> = <b>126</b>						
Independent Claims <b>3</b> -3**= <b>0</b> x <b>84</b> = <b>0</b>						
Multiple Dependent						
**or number previously paid, if greater; For Reissues, see below						
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid	
1202	18	2202	9	Claims in excess of 20		
1201	84	2201	42	Independent claims in excess of 3		
1203	280	2203	140	Multiple dependent claim, if not paid		
1204	84	2204	42	**Reissue independent claims over original patent		
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$) <b>126</b>		
		<b>3. ADDITIONAL FEES</b>				
		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	
		1051	130	2051 65	Surcharge - late filing fee or oath	
		1052	50	2052 25	Surcharge - late provisional filing fee or cover sheet.	
		1053	130	1053 130	Non-English specification	
		1812	2,520	1812 2,520	For filing a request for reexamination	
		1804	920*	1804 920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
		1251	110	2251 55	Extension for reply within first month	
		1252	410	2252 205	Extension for reply within second month	
		1253	930	2253 460	Extension for reply within third month	
		1254	1450	2254 725	Extension for reply within fourth month	
		1255	1970	2255 985	Extension for reply within fifth month	
		1401	320	2401 160	Notice of Appeal	
		1402	320	2402 160	Filing a brief in support of an appeal	
		1403	280	2403 140	Request for oral hearing	
		1451	1,510	1451 1,510	Petition to institute a public use proceeding	
		1452	110	2452 55	Petition to revive - unavoidable	
		1453	1,300	2453 650	Petition to revive - unintentional	
		1501	1300	2501 650	Utility issue fee (or reissue)	
		1502	470	2502 235	Design issue fee	
		1503	630	2503 315	Plant issue fee	
		1460	130	1460 130	Petitions to the Commissioner	
		1807	50	1807 50	Petitions related to provisional applications	
		1806	180	1806 180	Submission of information Disclosure Stmt	
		8021	40	8021 40	Recording each patent assignment per property (times number of properties)	
		1809	750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	
		Other fee (specify) _____				
		Other fee (specify) _____				
		*Reduced by Basic Filing Fee Paid				
		SUBTOTAL (3)				(\$) <b>0</b>

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(703) 707-9110
		Date	7.3.03

**WARNING:** Information in this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.